New Club Application & Membership Information

Thank you for your interest in becoming an affiliated club with the Wisconsin Youth Soccer Association (WYSA). Since 1974, WYSA has provided structure and support for youth soccer across the state, promoting and developing the game for children of all ages and skill levels. WYSA is an affiliated member of United States Youth Soccer, the United States Soccer Federation (USSF - United States of America Governing Body), the Confederation of North American, Central American and Caribbean nations (CONCACAF - western hemisphere governing body) and the Federation Internationale de Futbol Association (FIFA - the world's governing body of soccer).

Application Requirements

1. Review the WYSA Club Manual
2. Have a minimum of four (4) teams.
3. Demonstrate financial stability and the ability to operate as an ongoing organization.
4. Submit the completed application and all required documentation listed below:
    a. Corporations / Nonprofits:
        i. Articles of Incorporation
        ii. Bylaws
        iii. Shareholder Agreements (if applicable)
    b. LLCs / Partnerships / Other Entities:
        i. Articles of Organization
        ii. Operating Agreements or Contracts
5. Include a non-refundable $125 application fee payable to Wisconsin Youth Soccer Association.

Mail application materials & payment to:
Wisconsin Youth Soccer Association
Attn: Executive Director
10427 W Lincoln Ave, Suite 1100
West Allis, WI 53227

Incomplete applications (missing information, documentation, or payment) will be returned to the club's listed leadership.

Application Review Process

Applications are accepted year-round, but affiliate status begins August 1 of the coming registration year. Review and approval typically take 4–6 weeks. WYSA may request other materials (e.g., references, financial statements). Once approved, new clubs enter a one-year probationary period.

For questions or assistance, contact the WYSA State Office at 414-328-9972.

WYSA New Club Application Form

I. Club Information

Club Name: _____

Principle Address of Club: _____

City: _____ State: _____ Zip: _____

II. Club Leadership Information

Each position below must be filled. Titles may differ but equivalent roles are required.

President Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Treasurer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Registrar Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Director of Coaching Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

III. Additional Club Leadership (Optional)

Additional leadership roles are optional. Please complete all fields if listing other leadership.

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ email: _____

Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ email: _____

IV. Club Background & Operations

1. What year was the club founded? _____
2. Tax classification (circle one):
   - a. Sole Proprietorship
   - b. Partnership
   - c. LLC
   - d. Corporation
   - e. Nonprofit (501(c)(3)
3. Federal Employer Identification Number (FEIN): _____
4. Financial Summary:
   - a. Current Assets: $_____
   - b. Long-term Assets: $_____
   - c. Current Liabilities: $_____
   - d. Long-term Liabilities: $_____

V. Affiliation Status

1. Is your club currently affiliated with another USSF organization? (e.g. AYSO, SAY, MLS Next, Girls Academy, US Club Soccer) ◯ YES ◯ NO
   - a. If yes, list other organizational affiliations: _____
   - b. Will the club maintain these affiliations? ◯ YES ◯ NO
   - c. If continuing affiliations, list approximate split of player registrations: _____
   - d. Is your club currently affiliated with another WYSA member club? ◯ YES ◯ NO
     If yes, list club name: _____
     Describe the nature of the affiliation: _____
   - e. Attach any related contracts or agreements.
2. Partnerships: If the club is engaged in any partnerships, list the partnership organization(s) and briefly describe the nature of the partnership(s). If a partnership has the potential to affect club viability, include the partnership agreements with the application.

VI. Membership Projections

Please list the number of individuals the club will register in each category, with WYSA and/or with other organizations.

Category	WYSA	Other Organizations
Players		
Coaches		
Teams		

Note: Players, coaches, and teams must be registered with WYSA to participate in WYSA programs.

VII. Facilities & Programming

1. Does the club have access to proper training facilities? ◯ Yes ◯ No
2. Does the club have access to proper game facilities? ◯ Yes ◯ No
   a. If not, please explain): _____
3. Planned registration seasons (check all that apply):
   - ☐ Fall
   - ☐ Winter
   - ☐ Spring
   - ☐ Summer
4. Age groups club will offer (check all that apply):

Age Group	Competitive		Grassroots	
	Coed	Female	Coed	Female
U6 & Younger				
U7				
U8				
U9				
U10				
U11				
U12				
U13				
U14				
U15				
U16				
U17				
U18				
U19				

5. Will any club players be interested in taking part in TOPSoccer programming? Yes ◯ No ◯

VIII. Certifications
To be completed by the Club President or Owner:

☐ I have read and understand the requirements of membership as outlined in the WYSA Club Manual.

☐ I understand WYSA may request additional information that is pertinent to consideration, including but not limited to letters of recommendation and credit references.

☐ I certify the information contained in the application is accurate and current.

☐ I certify that all requested attachments are included and correct.

Printed Name: _____

Signature: _____ Date: _____